Children's Special Health
Internal Policy/Statement
Autistic Spectrum Disorder/Pervasive Developmental Disorder

**Description**

Pervasive Developmental Disorder (PDD) demonstrates some degree of qualitative impairment of communication, and restricted, repetitive, and stereotypic patterns of behaviors, interests, and activities. Aspberger's Syndrome, Autistic Disorder (AD), and Pervasive Developmental Disorder – Not otherwise specified (NOS) are generally included under the umbrella of Autistic Spectrum Disorder (ASD). PDD's are neurogenetic disorders and may coexist with other developmental disabilities (DD) such as mental retardation, inattention, hyperactivity, and epilepsy. Types of ASD/PDD are:

- Autistic Disorder (AD): mildest form, may overlap with other language, behavior, and learning disabilities (i.e. semantic-pragmatic, language disorder, obsessive-compulsive disorder, or right hemisphere learning disorder)
- Aspberger's Syndrome (AS); poor peer relationships, lack of empathy, and a tendency to over focus on certain topics, associated with typical IQ and typical language skills
- Rett Syndrome: neurodegenerative disorder recently associated with a defined etiology (gene mutation MECP2), mostly in girls, onset 1-2 years of age, characterized by loss of purposeful hand skills accompanied by stereotypic hand movements, particularly hand writing, gross motor, and coordination skills associated with ataxia and tremor, language and cognitive skills, and social interaction skills
- Disintegrative Disorder: extremely rare, later onset (>24 mo. of age), more profound losses in language, social, play, and motor skills

**Diagnostic Criteria**

- Definitive diagnosis based on DMV-IV criteria and standardized ASD specific evaluation tools:
  - The Childhood Autism Rating Scale (CARS), most widely used tool and most conclusive
  - The Autism Behavior Checklist (ABC)
  - The Gilliam Autism Rating Scale (checklist for parents)
  - The Autism Diagnostic Interview-Revised (ADIR) and The Autism Diagnostic Observation Schedule (ADOS), complimentary diagnostic instruments
  - Diagnosis is dependent on the presence of at least 6 criteria, with at least 2 related to communication and stereotypic behavior patterns
  - *Rhett Syndrome: diagnosed by mutation analysis of MeCP2 gene*
- Evaluation of the child with AD or PDD requires time, collaboration between healthcare and educational professionals

**CSH Coverage**

- Only **providers** listed on the Eligibility Letter will be paid
- **Labs/Tests** must be performed by a Wyoming Medicaid provider
- **Well Child Checks** (coverage limited to Pediatrician) according to AAP Periodicity Schedule
- **Medications**
  - None
- **Equipment/Supplies**
  - None

***Contact CSH for questions regarding additional medication and/or equipment/supplies***

**Minimum Standards of Care/Care Coordination**

**Refer to Care Coordination Manual, Ch. 3, Pg. 8, Child and Family Assessment**

- Perform **Nursing Assessment** with detailed focus on the following:
  - Communication (verbal/nonverbal)
  - Attention span
  - Social interactions (peers, withdrawn)
  - Language milestones
  - Ritualistic behaviors (repetitive)
  - Non-verbal behavior (pretend play, gestures with hands, disruptive/inappropriate)
  - Onset of signs/symptoms

- Nutrition and eating patterns
- Exercise and physical activity
- Current medications/any side effects or reactions
- Known food and/or drug allergies
- Height and weight, plot on growth curve

- Encourage testing as recommended by the American Association of Pediatrics (AAP)
- School performance and behavior
- Encourage family and child to live as "normal and active" life as possible

***Contact CSH if family is Non-Compliant*** (i.e. repeated missed appointments, failure to follow healthcare plan)

- **Referrals** that may be recommended *(CSH prefers Pediatric Specialist, if possible)*

  **Visits to Providers may be limited due to budget**
  - Developmental/Neurodevelopment Specialist
  - Genetics
  - Neurologist
  - Developmental Psychologist
  - Speech-Language Pathologist
  - Mental Health
  - Link the child and family with appropriate and needed services

***Specialists may or may not be covered by CSH Program***

- **Well Child Checks**
  - Immunizations (including vaccinations)
  - Assess and follow-up any abnormal findings
  - Dental
  - Vision
  - Hearing

- **Emergency Preparedness Plan**
  - Medic Alert ID bracelet / necklace should be encouraged
  - Medical Emergency Plan of what to do for the child's care when away from home or with a different caregiver (i.e. may be mistaken as having a mental illness or mental retardation, low frustration level, inattentiveness, impaired social play)
  - Discuss self-management of the disease
  - Encourage the family to speak with the child's school in regards to the school's policy on Autistic Spectrum Disorder/Pervasive Developmental Delay and emergency plan (i.e. low frustration level, inattentiveness, impaired social play, disruptive/inappropriate behavior)

- **Health Record**
  - Encourage family to maintain a record of the child's health information ("Packaging Wisdom" as a suggestion) that includes:
    - Medication administration
      - Type
      - Dosage/Frequency, any side effects or response to medication
    - Changes in behavior
      - Signs and symptoms (aggression, agitation, self-injuries, rituals)
      - Date of onset
    - List of providers and contact information, if available

- **Transition**

**Refer to the Care Coordination Manual, Ch. 3, Pg. 10, Coordinating Care**

- Discuss with the family if the child is eligible for an IFSP, IEP, or qualify for Section 504 according to the American Disability Act (ADA)
- Social Security Supplement Income (SSI)
- Social Security Disability Insurance (SSDI)
- Vocational Rehabilitation
- Adult residential/community support services